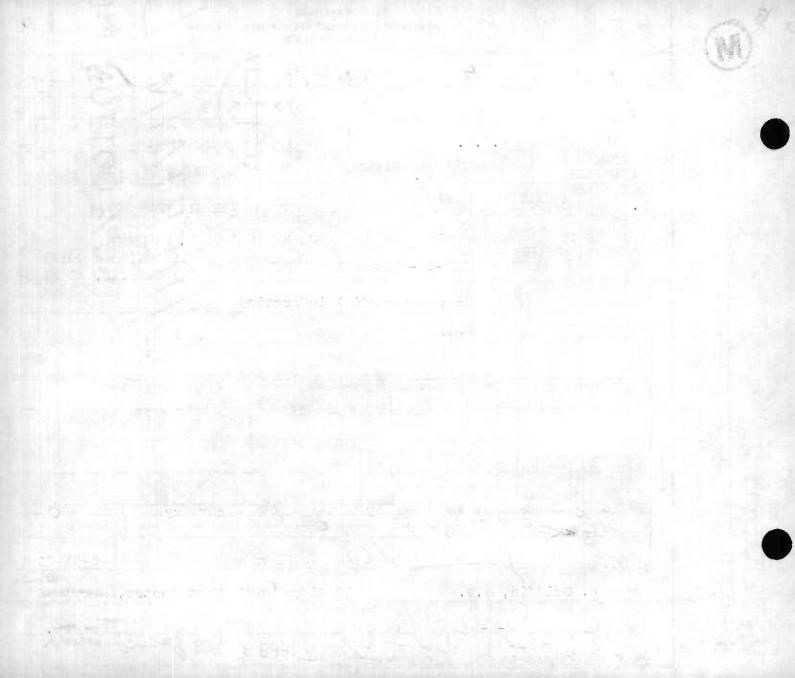


	REGISTRAR			MEDICAL EXAM				REG, NO.	7.56	- 1
	DECEASED NA	ME FIRST		WIDDLE	L	AST	20. DATE K	NOWN X MON	NTH DAY	EAR 26 H
L			liam	Patrick		iley	DEATH	MATED	2 1319	
3 5	SEX	4 RACE	5. DATE OF B	DAY YEAR LAST BIR	THDAY MONTHS		24 HRS 2c. DATE MIN. PRONOUN	MON	ITH DAY	YEAR 2d. H
	Male	White	Oct.	21,1982	YRS. 3	22	DEAD		2 1319	
30	FOREIGN COUNTRY		76. CITIZEN C	OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRI	P BALTIMO	DRE CITY OR CO	UNTY OF DEAT	ГН
	Marylar	nd	U	SA	WIDOWE	D DIVORC	ED 🗆 Car	roll Cou	inty,	
10	CITY OF TOWN	N OF DEATH		F HOSPITAL, NURSING HO		R INSTITUTION	12a USUAL OCCUP.	ATION (TYPE OF WO	ORK 126. KIND C	OF BUSINES
	Westmin	ster	Carro			Hospital	TOR MOST OF WORK	Per l		
	UAL RESIDENC	E 11F IN NURSING HO		134, CITY OR TOW		3d. INSIDE CITY LIMITS?	13e. STREET ADDRES			
	Marvland		rroll	Westmin		YES NO	37 W. Ge			1157
	FATHER'S NAA					15. MOTHER'S MAIDE	N NAME			
	Don		MIDDLE	Bailey		Donna	MIC	DOLE	Littl	
160	. WAS DECEAS		ARMED FORCES?		RITY NO.	17. INFORMANT	70 11	ADDRESS George		
	(YES, NO, OR UNK	NOWN) (IF YES, C	GIVE WAR OR DATES)		10000	Donne Be	iley, West	. George	St.	
F		OF DEATH (Fator		er line for (a), (b), and (c).)		Domia Da.	TTEN WEBL	minster,		(MATE INTER)
	couse (rise to immedi a) stoting the <u>und</u>		O, OR AS A CONSEQUENC	CE OF					
	lying co	a) stating the <u>und</u> ause last.	DUE TO	O, OR AS A CONSEQUENCE		OR CONDITION GIVEN IN PAI	lT I ta			
MOIL	lying co	a) stoting the <u>una</u> ause last. SIGNIFICANT CONOITI	DUE TO (c) ONS CONTRIBUTING TO	OFATH BUT NOT RELATED TO THE T	FERMINAL OISEASE (T 1 (a)			
MOLETION	lying co	a) stating the <u>und</u> ause last.	DUE TO (c) ONS CONTRIBUTING TO		FERMINAL OISEASE ((Υ 1 (α),		20 AUTO	
MOLECATION	lying co	a) stating the uncause last. SIGNIFICANT CONDITION OF OPERATION	ONS CONTRIBUTING TO	OEATH BUT NOT RELATED TO THE T	FERMINAL DISEASE (S PERFORMED?			YES	
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SS F Section 300 with the Margaret Correct Lateral x c 177 M. Congresses Margaret ilo este de l'este de l'es A A Country of the Co A CANADA SERVICE CONTRACTOR OF THE PARTY OF

b	3 (M)	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0 4	4 4	5 8
	og o	(TYP)	CEASED NAME FIRST ROBER		HIDDIE	BAI	RAES	20 DATE OF DEATH	MONTH DAY	YEAR -83	26 HOUR / 752 M
	oge 4 mo irector, po	3. SE	M	1 RACE)	S. DATE C		6. AGE TINYEARS LAST BIR	VRS	NDER I YEAR	IF UNDER 24 HRS
	rer deoth. Po er funerol di within 72 har		IRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.		WIDOWE		9 BALTIMORE CITY O	LL		MD.
2D1	in by the e filed with) WE	ITY OR TOWN OF DEATH	CARE	COLL CO.	GENEF	ROTHER INSTITUTION	120 USUAL OCCUPATE LIVPE OF WORK FOR MOST O INSURANCE	F WORKING HEE)	26 KIND OF NDUSTRY INSUR	RANCE
BALTIMORE, MARYLAND 212D	filled ould b	130. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY	WES TMIN	N	YES NO NO	13e STREET ADDRESS 311 KLIN	GER DR	IVE	21151
, MARY	a completely st lond 2 sh		CLARENCE		ARNES		IS MOTHER'S MAIDEN NAME OF THE STATE OF THE	MIDDLE	HARMAN		
TIMORE	on ond	160 (NAS DECEASED EVER IN U.S. AI	ONE OR DATES)	217-18-8	8560	CATHERINE	BARNES WES	i ^s KLING TMINSTE	R. MI	
201 W. PRESTON ST.,	equires that the death certificate is signed by the attending physical Then please remove carbon paper to burial, cremation, or removal. njury, or other traumatic event, the	7	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stofting the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, C DUE TO, C	OR AS A CONSEQUE	NCE OF	ial infarcti		DITION GIVEN II		
DIVISION OF VITAL RECORDS,	on. bos beer permit.	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WE IN CERTIFYING YES	G CAUSES (GS USED OF DEATH?
ON OF VIT	HYSICIA Iding pl is certif burial-t Mental or frem	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	ATH HOUR A R) P	.M. MONTH DA .M. OF INJURY	19	21c. HOW INJURY OCCURR				
DIVIS	ENDING Ploof of or offer thuse os the Heolth and is marked	W	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE F	Mav	STREET	CITY OR TO		COUNTY	STATE
	TTEN spitol CTOR: for us of He	8	saw the deceased alive of above (1) well	January	y 14 19 8	33 , on	d that in (60) opinion o	, to Februar leath occurred on the do	ite and hour and	from the c	
	ITAL by ##		Hear To PHYSICIAN'S NAME (TYPE) /		M	ATTENDING	MEDICAL STAF	F		1-83
	retoined by to FUNERAL should be deliving with the Stote		Dean H. Grif	fin, M.			19 Ridge Ro		nster,	Mary	2 1157
	BP	730	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	236. DATE	-		EMETERY OR CREMATORY		OR CAR	ROLL	MD STATE
	DHMH - 16 50M 1/81 (VRA 15, 4)	24 FI	INERAL DIRECTOR Plant Hall Pre	the h.	2 roods	mini	Ly md FEB	9 1983 PAR	AL DEGISTRAS	s.s Galli	W.A.



STATE OF MARYLAND

1	- STATE REGISTRAR			DEPARIM		ICATE OF DEATH		REG.	NO.	, ",		
	CEASED NAME	FIRST	M	IDDLE	l l	AST	20	DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	WILLIA		EZI	KA	Bh	OWN	- 3		a	16	83	0621 M
3. SE	X	4	RACE		5. DATE C			AGE (IN YEARS LAST	SIRTHDAY)	MONTHS	ER I YEAR	IF UNDER 24 HRS
	17		n	/	APIS	11 189		86	YRS		- CANO	1100110
70 B	IRTHPLACE (STATE OR FO	DREIGN 7	b. CITIZEN OF V	VHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 1	BALTIMORE CITY	OR COUN	TY OF D	EATH	
1	MARYLAN	10	451	9	WIDOWE	1.0		CARRO	111			MD
10 C	ITY OR TOWN OF DEA	TH 1	1. NAME OF H	OSPITAL, NURSING	O HOME C	OR OTHER INSTITUTION		USUAL OCCUPA	TION		KIND O	F BUSINESS OR
W	ESTMINST	ER	CARROL	L CO G	ENEI	RAL HOSPIN	ML	FARME	R	0	WN.	FARM
USU 13a.		NG HOME OR C		130 CITY OR TOWN		13d. INSIDE CITY LIMI	152 113	STREET ADDRESS		-	2113	7
14	PARYLAND	CARR	OLL	UNIONTON	N	YES NO	3	352 11NI	INTA	WN		RD.
14 F	ATHER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDE	NAME	WIDDLE	-		-	- Bired
	EIRA		DULE	BROWN	V	Eliz AR.	FTH	MIDDLE		CF	IPP	>
16a \	VAS DECEASED EVER I			166 SOCIAL SECUR	ITY NO.	17 INFORMANT		ADD	RESS 9 W	ERST	TER	57
(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	215-36-	8019	REGINA 1	WAR	REN I	NECT	TMI	NST	ER MA
	18 CAUSE OF DEATH	1 (Enter only	ane cause per l					7 7	127	11111	APPROXIV	MATE INTERVAL
	PART I. DEATH WA	AS CAUSED MMEDIATE		EXTENS	IVE	BRAIN	DK	amAGE			1	DAVS
	4275	MALDIAIL		AS A CONSEQUE				11.11				- 1-
	Canditions, if any,	which	(,b)	CARD		ARRES	P				1	
	gave rise to imm cause (a), stating	ediote	2000	AS A CONSEQUE								
	underlying cause	last	DOE TO, OR			GASTROIN	TESTI	NAL HE	MORRIN	Als-C	11	
	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO			NOT RELATED TO THE					PART Im	
NO			DUODA			CER						
CERTIFICATION	190. DATE OF OPERAT	ION		-	PERATIO	N WAS PERFORMED		200 AUTOPSY?				IGS USED
TIFIC			Total I					YES T NOT		YES T	CAUSES	OF DEATH?
CER	210. ACCIDENT WAS UNDE	ERLYING _	216. TIME OF			21¢ HOW INJURY OF	CCURRED	the transfer		8 PARTTOR	RPART 2)	
	OR CONTRIBUTING C		HOUR A.M	MONTH DA	Y YEAR							
MEDICAL	214 INJURY OCCURRI		21e. PLACE O	F INJURY		211 LOCATION						
Z	WHILE NOT WHILE	LE 🗌	(AT HOME, STRE	ET, FACTORY, OFFICE, FA	RM, ETC }	STREET		CITY OR	OWN	CC	YINUC	STATE
	22a.1 certify that (I) (il) ottended the	deceased from			67	, ta	2/16	19.8	3	that (I) (we) last
	sow the deceased abave, (1) (we) (di	d plive an_	yew the hady o	1/6 19 8	3_, an	d that in (my) (our) ap	pinion deat	th accurred on the	date and h	our and f	rom the c	ouses stated
	doder, III (we) Idi	ran and nan	view the boday o	irrer dearn								

236. DATE

22e ADDRESS

ATTENDING PHYSICIAN

230 BURIAL, CREMATION,

DEGREE

STAFF

PHYSICIAN [

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbonopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

or offending physicia

etained by the haspital

BP.

OR ATTENDING

O HOSPITAL

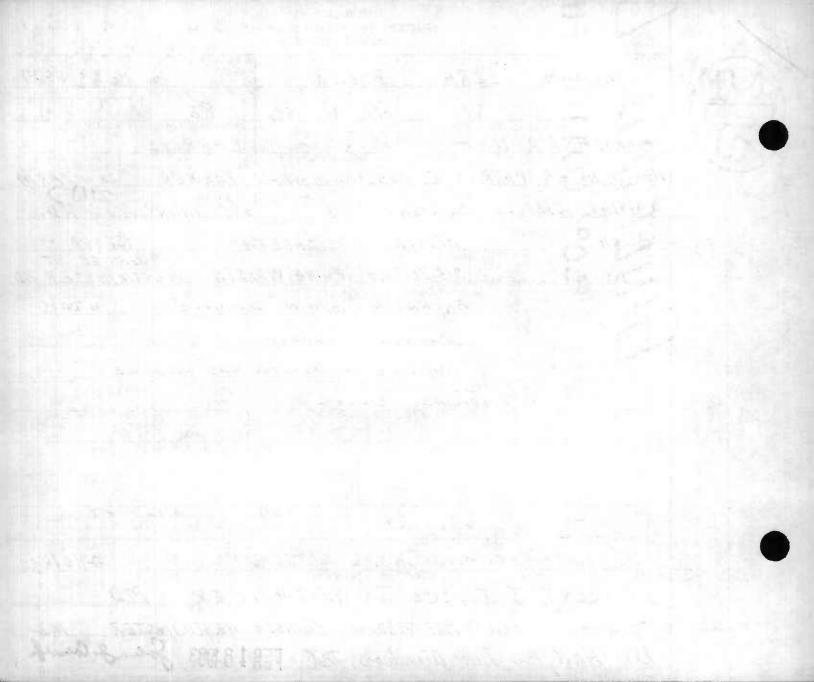
injury, ar other traumatic event, the medical

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

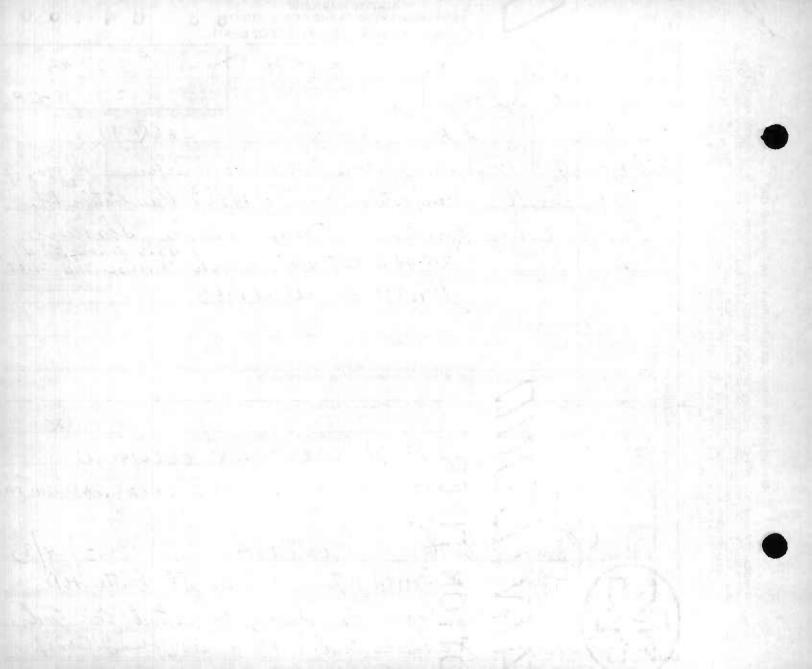
BURIA 24 FUNERAL DIRECTOR

THE HOLD WESTMINGTON OF THE PROPERTY OF THE PR

DIRECTOR



6		FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 0 4	460
P		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.	
_		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN & MONTH OF ESTI-	DAY YEAR 2b HOUR
COMP	3. SEX	4. RACE	5. DATE OF BIRTH 6. AGE (INYEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	2 1903 M DAY YEAR 26 HOUR
ERTER	1	0. 1.10.4	MONTH DAY YEAR LAST BRITHDAY MONTHS DAYS HOURS MIN PRONOUNCED DEAD 2 2	7 1,832Pm
STATE OF	7a Bi	RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT	
PAGESSA FUNERAL S FOR WITHIN	2	Maruland	MIL.A.A. WIDOWED DIVORCED CARROL	/MD.
PAGE 5	10 CI	TY OR OWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY
PA P	+	AMPSTEAD L'RESIDENCE (IF IN NURSING HOME O	MILLER'S STATION ROAD HOUSE WIFE OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Home
E, MD. 21201 ATH. IF ANY DEA ATH. IF ANY DEA ATH. IF ANY DEA AND 2 SHOULD BE AND 2 SHOULD BE AND 2 SHOULD BE AND 2 SHOULD BE AND 3 SHOULD BE	13a S			tim Ad.
RE, MD. EATH. IF ES 1, 2, 1 PM. 1 PM. MD. 2 S. P. G. S. A.	14. FA	THER'S NAME	MIDDE LAST 15. MOTHER'S MAIDEN NAME MIDDE	2 00
0 00× 00 -	160 V	AS DECEASED EVER IN U.S. ARA	Alon Robertson May Ahoda Appress	elley
JRS AFTER DEA	{Y	S, NO, OR UNKNOWN) (IF YES, GIVE	215-40-6980 meldin R. Bush miller	ralk fid.#1
: 588 € - 0		18 CAUSE OF DEATH (Enter and	ly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST., W. PRESTON ST., WITHIN 24 HOUR MINER ALONG W TRANIST PERMIT. FINAL HYGIENE, D OR REMOVAL.	2	PART I DEATH WAS CAUSED	DBY: MULTIPLE INJURIES	
IN 17 ALC SIT POWN WOV.	/	Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
WITH NCIL INER R RE		gave rise to immediate cause (a) stating the under-		
CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU TING THE WORD "PENDING" IN PENCIL IN TERM 10 THE WORD "PENDING" IN PENCIL IN TERM 10 THE CHIEF MEDICAL EXAMINER ALONG 3 SHOULD BE USED AS A BURAL. TRANSIT PERMIT PERMIT PERMIT OF HEALTH AND MENTAL HYGIENE, I PRIOR JO BURIAL, CREMATION, OR REMOVAL.		lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
RECORDS, LD BE EXECT PENDING* MEDICAL D AS A BUR HEALTH ANG CREMATIC	1	PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
RECORDS, D BE EXEC ENDING, MEDICAL AS A BUI CREMATI	CERTIFICATION	IN DATE OF OUR DATION	The condition which corportion was of producing	In AUTODOVA
VITAL R SHOULD ORD "P C CHEF E USE URIAL,	FICA	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
BIVISION OF VITAL S CERTIFICATE SHOU RDED TO THE CHIEF RE 3 SHOULD BE USE E DEPARTMENT OF H OF PRIOR TO BURRAL	ERT	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN TIEM IB PART FOR PAI	
ONO IFFICA TO THE HOULT		UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH 214 F.M.) 2 27 19 83 CAR -TRUCK COLLISIO	NU
VISIC CERTIING TING 3 SH DEPA PRIC	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 21f. LOCATION STREET STATE OF TOWN, COL	UNITY STATE
HIS WRI	2	AT WORK AT WORK	STREET MILLERS STATION ROAD = mile S.	WARACHEIU RD
A SORVE BY S		22a I certify that I taak charg	ge of the remains described above, held an Autopsy Inspection . Inquiry . and in my ap	pinian
WWIN THEIGHT BE L		death resulted from Natur	ral causes	, ,
H. WAI		ACTUAL	TITLE (SPECIFY) M.D. DERETY CHIEF MEDICAL EXAMINER SIGNE	7 /28/83
DICA TE TH SHOW NORE, NORE,		SIGNATURE	MEDICAL EXAMINER SIGNE	
DIVISIO TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHAFTER DEATH, WITH THE STATE DEPAIR BALTIMORE, MARYLAND, 21201 PRIOR		EXAMINER'S NAME (TYPE OR PRINT)	J. T. ADDRESS	o, AD.
	23a B	PECIE	13). DATE 23c. NAME OF CIMETERY OR CREMATORY THE LOCATION COM	STATE OF STATE OF
BP	24 F	JNERAL DIRECTOR	134 DATE LY CO BY REGISTRAR 134 PEGISTRAR'S S	IGNATURE
DHMH · 17 (VR A15 ME (5))		H. J. Eckhar	alt Manchester, Ind. MAR 4 1983 John S	h Cancell
20M 4/R2	-			



STATE OF MARYLAND

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1,	FOR	DI		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 3	1 4 4 6
	- STATE REGISTRAR			ICATE OF DEATH	REG. NO.	
(1) DI	ECEASED NAME PE OR PRINT; AFGR	WIOOLE	_	1 + toul wel	20 DATE OF DEATH MONTH	DAY YEAR 26 HO
3. SI		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	14 83 06
1	M	W	03	2 13	69 YR	MONTHS DATS HOURS
7a. 8	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	JNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
10 (Virginia ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL,	WIDOWE		Catral Count	126. KIND OF BUSIN
W	lestminster	Carroll Cour	VE STREET ADORESS)	/ //	TYPE OF WORK FOR MOST OF WORKING Caretaker	
Ma Ma	AL RESIDENCE (IF NURSING HOPE OF STATE USb. COU	134 10 136. CITY C	DR TOWN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 915 Emory Chu	21/5 irch Road
1	ATHER'S NAME PIRST Jesse		terbuck	15. MOTHER'S MAIDEN NAM Ada	WIDOLE	Hoffman
		E WAR OR DATES!	09-4452	17 INFORMANT	Raymond, Upper	aco Md
H	18 CAUSE OF DEATH (Enter of			PH 3. Dar bara	raymond, oppor	APPROXIMATE INT
NOIL			NG TO DEATH BUT		inal disease or condition (GIVEN IN PART TO
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION		YES NO NO IN CER	YES, WERE FINDINGS USE TIFYING CAUSES OF DEA YES NO
	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		THE DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTERNATURE OF INJURY IN ITEM I	8 PART LOR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY		211 LOCATION STREET	CITY OR LOWN	COUNTY
	220 I certify that (1) (this hasp	tal) oftended the deceased 9 - 24 First the bady after death	10 82 00		, taFe6 leoth accurred an the date and h	, 19 <u>83</u> , that the causes s
	Wa A Day	Lealler		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED
	Alva Si Ba	ker M.D.		220 ADDRESS Washing Westmin	10	21157 Lent
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 2-17-83		emetery or Crematory ad Mem. Park	Paltimore	county
4 2	uneral director Eline Funeral Ho	ome, Hampstea	d, Md. 2	21074 FE	B 1 7 1983	ISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

NAME
Eline Funeral Home, Hampstead, Md.

BP.

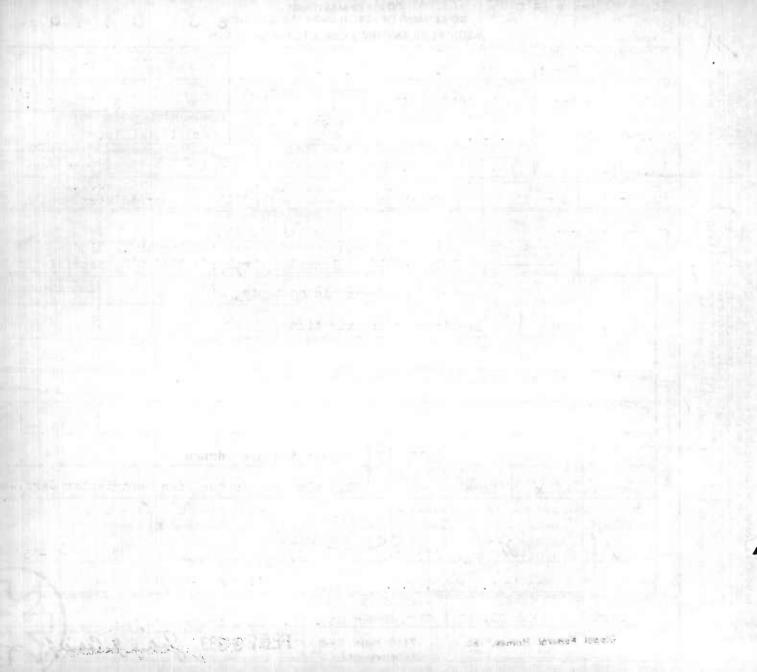
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		REGISTRAR		ME	DICAL EXAMINE	R'S CERTIF	ICATE O	DEATH	REG. NO	o.		
		EASED NAME OR PRINT)	E FIRST		WIDDLE	LAST		20. DATE I	ESTI-	X MONTH	DAY YEAR	7b. HO
L			RON	ALD	Keith	CLEVING		DEATH	MATED	2-22		
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	PW	estmins	ster	Carroll		Hospital	UTION	170 USUAL OCCUP FOR MOST OF WOR		E OF WORK	31 acikowa De	cker
-	USUA 13a ST	LRESIDENCE	(IF IN NURSING HOM	E OR OTHER INSTITUTION, GI INTY Croll	134 CITY OR TOWN FINKS DUIS	13d. INSIDE	CITY LIMITS?	2525 Bat	t imore	Blv	d. Lot	31 8
	$\overline{}$	THER'S NAME FIRST		MIDDLE	Clevinger	15. MOTH	HER'S MAIDER	NAME	IDDIE	I	3rahham	
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	MEDICAL	21d INHURY C	NG CAUSE O	F DEATH P.M		211 LOCATION STREET		CITY OR TOV	νN	con	NTY	STATE
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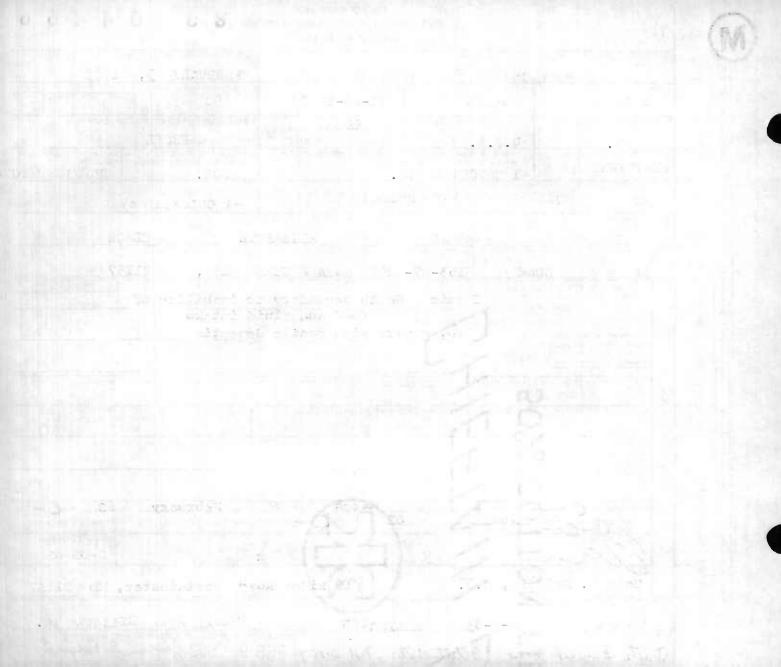
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ial	e	White	Dec	1, 19	35	47 YR		DAYS	HOURS	MIN.	DEA			2	17 1	83	6:11
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z	PART 2 DTHER SI	GNIFICANT CONDITIONS	CONTRIBUTION	G TD DEATH BUT	NDT RELAT	ED TO THE TERM!	NAL DISEASE	OR CONDITION (GIVEN IN PAR	RF 1 (a).							
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CERTIFICATION	TOTAL STATE		163												1000	S (X)	NO 🗆
CER		AL CAUSE WAS		TIME OF IN		DAY YEAR		W INJURY C					M 18 PART	1 OR PART		75	
CAL		NG CAUSE OF	DEATH 3	P.M.	2/	17/1983	Sub	ject :	inges	sted	drug	S					
MEDICAL	21d. INJURY C			e PLACE OF STREET, FACTOR		(AT HOME,					CITY OR TO	own.		CQUE	NIY .		arr.
	AT WORK	NOT WHILE	×	Home			311	3 01d	West	mins	ter	Pike	Wes	itmir	nste	r Ca	arr.(
	220 I certi	fy that I took char	ge of the re	17 1	bed obov		Autopsy	Homicio	Inspection		Inquiry	Г	ond in	n my opir	nion		
	1	(1.	10	4	4	Suk	2	TITLE (SPI	ECIFY)								
-	SIGNATURE	Mun	1 del	me	241	1/1/11)_M.I	Assi	stant	MED!	ICALEXA	MINER		DATE SIGNED	2	-18	-83_
1	EXAMINER'S (TYPE OR PRI	NT)DE		F. SM	yth,	M.D.	A	DDRESS	11	II P∈	enn S	itree	t				
23a. B	SPECIFY)	TION, REMOVAL				AME OF CEN				23d. LO	CATION			COUNT	TY	ST	ATE
24.5		rial	Feb 2	21, 83	G.	len Ha	ven M	em. Pl	k. Ce	n G	len	Bu AR	icara	Md	Chiazira	15	
24 F	NAME DIREC	TOR ppel Funera	Home	S, ADTHIS		7110 E		তৈশ্বৰ্ত্ত	FEB	23	1983	So	- Cu	AKS SK	Cohe	ing	



STATE OF MARYLAND

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Q	(M)	1.	FOR STATE REGISTRAR		DEPARTA	CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3 0	4 4 6 6
	n f		CEASED NAME FIRST		MIDDLE		AST	_	DAY YEAR 26 HOUR
	page page		WALI		F	REEMA	The state of the s	FEBRUARY 3,	1983 M
	office, 4	3. SE	MALE	4. RACE WHI:	TE	5. DATE C	-20-1892 YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS
	death. Page uneral direct hin 72 hours		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIORCED	9. BALTIMORE CITY OR COUNTY CARROLL	OF DEATH
6	by the fune filed within		STMINSTER	(IF NOT IN SL	HOSPITAL, NURSIN JCH FACILITY, GIVE STREET LONIAL AV	AOORESS]	R OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE MECH.	126 KIND OF BUSINESS OR INDUSTRY REFRIGERATON
ND 212	24 hou suld be mast be	13a. S	AL RESIDENCE (IF NURSING HOME (ROLL	WESTMEN	STER	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 41 COLONIAL A	VE 21157
MARYLA	ed within and 2 shows a sominer examiner	14. FA	THER'S NAME FIRST WITTITAM	MIDDLE	REEMAN		15. MOTHER'S MAIDEN NAME AIRST ELIZABI	MIDDLE	LCK LAST
BALTIMORE, MARYLAND 2120	be executed an ond care seemed and care medical and care and		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O		166 SOCIAL SECU		17. INFORMANT ANNA FREEM	ADDRESS	-57
201 W. PRESTON ST.,	requires that the death certificate in signed by the attending physici. Then please remove carban paper it to burial, cremation, ar remaval, injury, ar other troumatic event, the	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, (c)	OR AS A CONSEQUE	NCE OF	food and flu: with senile o		EN IN PART I:0
DIVISION OF VITAL RECORDS,	The low rectan. te has been sit permit. I grene prior	CERTIFICATION	190. DATE OF OPERATION		DITION FOR WHICH	OPERATIO		YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? 5 NO
OFVIT	AN: physicolifico transition 118		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS P.	ART T OR PART 2)
IVISION	G PHY attending er this s the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
•	by the hospital ERAL DIRECTOR: e detached for us State Dept. of He		220.1 certify that (1) (this has saw the presented plays only the prese	on June	y ofter death.	82 , ,	ATTENDING PHYSICIAN 2	MEDICAL STAFF DIRECTOR PHYSICIAN	276. DATE SIGNED 2-03-83
	TO HOSI retained TO FUN should by with the IMPORT.		Dean H. Gris			IAME OF C	19 Ridge Ro	pad Westminster	
	BP		BURIAL	2-7-	83 AF	TING	TON	DREXEL HILL D	ELAWARE PA.
	DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	with Duneral?	dome	Westmens	1	hel 21157 FE		2 Could



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in british should be detached for use as the build permit. Then please remove carbon papers. Pages 1 and 2 though be filled in the State Dept. of Health and Membral Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked at Item III shows any injury, or other traumatic event, the

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STATE OF MARYLAND

1 - STATE
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR

STATE OF MARYLAND
REG. NO.

REG. NO.

	REGISTRAR				CERTII	FICATE OF DEATH		REG. NO.			
4	1 DECEASED NAME	FIRST		WIDDLE		LAST	20 DATE OF D		DAY YEAR	2h HOUR	_
	(TYPE OR PRINT)	Cliffe	ord .	Joseph	FR	REY		2	19 83	102	/ M
	3 SEX		4. RACE			OF BIRTH	6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 YEA	AR IF UNDER 24	
1	Male		Whi	te	Mar.	24, 1916 FAR	66	YRS	MONTHS DAY	S HOURS I	MIN
ľ	To. BIRTHPLACE (ST	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE	CITY OR COUN			
3	Maryland	3	USA		WIDOW	ED NEVER MARRIED	Carro	oll Coun	ty.		MD.
	18 CITY OR TOWN C		11. NAME OF		NG HOME	OR OTHER INSTITUTION	12a. USUAL OC	CUPATION	12b. KIND	OF BUSINESS	
	Westmins	ster /		L Co. Ger		Hospital	Health	Ass 1		. Cente	er
5	UAL RESIDENCE OF STATE Marylan	7136 COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR 13c CITY OR TOV Reisters	E ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET AD			2136	
1	14 FATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN N	IAME	MIDDLE	Frey	AST	
	160 WAS DECEASED		RMED FORCES?	166 SOCIAL SEC	JRITY NO.	17. INFORMANT	85 Carn	fvafs Dr	ive		
-	No	VN) (IF YES, G	IVE WAR OR DATES	212-38-	0188	Ruth Seitler					
	18 CAUSE OF	DEATH (Enter o	only one cause per	line for (a), (b), ar	nd (c)				APPRO BETWEE	DXIMATE INTERVA	ATH
	PART I. DE	ATH WAS CAUS	ED BY: ATE CAUSE (a)	VASC	ULA	R COLLID	PSE			+ HOUR	
	201	7	DUE TO O	r as a conseou							
	Conditions, it		(b)_			D PREPY	PORICE U	LCER	DA	2VS	
	gave rise to		DUF TO O	R AS A CONSEQU				4		7	
	underlying	cause last.	8			D NON HODGE	INS LY	upyom	a MOL	SHFE	
		RSIGNIFICANT				NOT RELATED TO THE TER				1101	
	19a. DATE OF C	CHROA				PULMONA	RV D	SEPSE			
	J 19a. DATE OF C	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS		YES, WERE FINE		2
	3115						YES N		YES 🗌	NO [3
i	OR CONTROLLING	G CAUSE OF DE	110110	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATUR	E OF INJURY IN ITEM	8 PART OR PART 2)	
	(IF EITHER NOTI	FY MEDICAL EXAMINI	MIN		19						
	OR CONTRIBUTION (IF EITHER NOTIL 21d INJURY OF		21e. PLACE	OF INJURY	FARM. ETC 1	211 LOCATION STREET		ITY OR TOWN	COUNTY	STAT	TE
	AT WORK	AT WORK						,			
		-		e deceased fram_	4 . 4	2/10 198	3, to	7/19	, 19 8 3	, that (1) (we) last
	saw the d abave, (1)	eceased alive a (we) (did) (did n	nat) view the bady	after death.	83.0	nd that in (my) (our) opinio	n death accurred a	n the date and h	our ond from th	ne causes state	d
	22b. SIGNATUI	RE	~//		1	DEGREE	uelicu	57455	22c. DA	TE SIGNED	
	house		- 11	cores (1 Me		DIRECTOR	STAFF PHYSICIAN	2/19	1/83	
		S NAME ITYPE		0	/	22e ADDRESS					100
	ATUC	ent ric	cco, Jr.			Anchor Str	est Wes	minster	mdio	21157	
1	23a. BURIAL, CREMA	TION, REMOVA		23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO		COUNTY		
	Burial		Feb. 22.	1983 Ev	ergre	en Mem. Gard	ens Finks	burg, C	arroll,	Maryla	and

BP_____ DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the hospital or attending physician.

Wings Mills, Md.

Gardens Finksburg, Carroll, Maryland 130 DATE RECTA BY SEGISTRANCE BEGISTRANCE CHANGE

Participation of the second Crirell Courty,

cartefrates Commold Co. Seneral Mongitel Health Ass't. Sincer

Maryland Ralto. Reinternatora I I Lagrany Hond Amt 14 Thirt

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DESIGNATION OF THE PROPERTY OF

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Furtied Seb. 22, 1983 Everyroon Men. Gardens Einkeburg, Carroll, Maryland

Adams Mills, Mi.

WESTMINSTER. MD

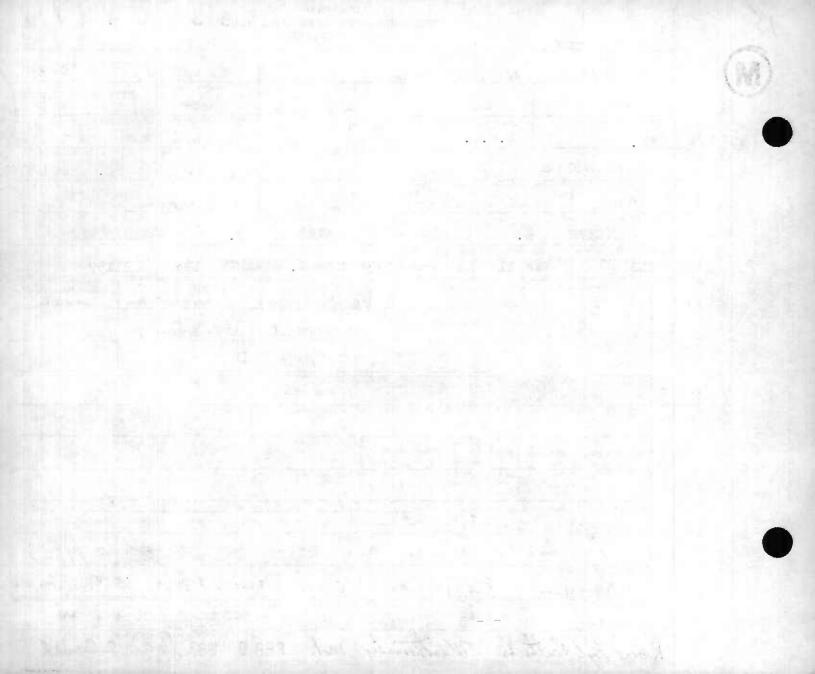
PRITTS FUNERAL HOME

80-17 - 1 - 1 - 1 - 1 nout respect to the contract of the contract o 0.1120 to the state of th Mary Committee of the C THE PROPERTY OF THE PARTY OF TH

x	1-	FOR STATE				MENT OF H	EALTH	ARYLAND AND MENTAL			0 4	1 4 6	9
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SS SS		PE OR PRINT)	Danie	1 0	Christon	oher	G	ist	2	OF ESTI- DEATH MATED		1/83 ₁₉	2b HOUR
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	FC	RTHPLACE (ST DREIGH COUNTRY) estmins			F WHAT COUN		MARRIE	D NEVER MAI	RRIED 🗹	BALTIMORE CI	TY OR COUNT		I A M
WORKEN WAS A STATE OF THE STATE	10. C	TY OR TOWN	OF DEATH	11. NAME OF		TREET ADDRESS)	OR OTHE	D DIVO	12g. USU/ FOR MC	ALOCCUPATION OST OF WORKING LIFE Udent	(TYPE OF WORK	12b. KIND OF BU OR INDUSTR	
ANY DE AND 3 TREATM	USU,	AL RESIDENCE ITATE		ROTHER INSTITUTIO	N, GIVE RESIDENCE	DEFORE ADMISSION OR TOWN	1	3d. INSIDE CITY LIMITS	13e STREE	et address Warfie	ldsburg	Rd. 2	1157
RE, MD.	14. F.	Steven		D.	G	ist	71	IS. MOTHER'S MAI	IDEN NAME	MIDDLE Huyn	h	LAST	
, BALTIMORE IRS AFTER DEA I. GIVE PAGES II. PAGES 1 AL DIVISION OF	16a. \	WAS DECEASED ES, NO, OR UNKNO NO	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SO	CIAL SECURITY	NO.	7. INFORMANT		West 429 War		er, Md.2 burg Rd.	
201 W. PRESTON ST., UJED WITHIN 24 HCJIP IN PENCIL IN ITEM IB. EXAMINER ALONG W RAL, TRANSIT PERMIT RAL, TRANSIT PERMIT ON, OR REMOVAL.	7	Canditian gave ris cause (a) lying cau	is, if any, which e to immediate stating the <u>under-</u>	DBY: CE CAUSE (a) DUE TO (b) DUE TO	Multipl , or as a con , or as a con	e Injur nsequence o nsequence o	F	DE CONDITION GIVEN IN	PARTI			APPROXIMATE BETWEEN ONSET	
EN POOR	CERTIFICATION	19a. DATE OF						S PERFORMED?	TAKE TO US			20 AUTOPSY?	NOF
DIVISION OF VITAL REC NER: THIS CERTIFICATE SHOULD E ICATE, WRITING THE WORD "FEN FORWARDED TO THE CHIEF ME THE STATE DEPARTMENT OF HEAM AND 21201 PRIOR TO BURIAL, CA	MEDICAL CERT	UNDERLYING CONTRIBUTION	G CAUSE OF E	HOUR SEATH 8:0	E OF INJURY A.M. MONTH O'M. 2/2 CE OF INJURY	4/839		ject stru			M 18 PART 1 OR PAR		
E S A A A E	ME	WHILE AT WORK	NOT WHILE D		road FARM, E		War	fieldsber	rg Rd.,	Westmins	ster, M	ld':	STATE
TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEATH, WITH THE STATEMORE, MARYLAND.		220. I certif death resulte ACTUAL SKONATURE	y that I took charge	e of the remain	Accident			Homicide TITLE (SPECIFY) ASSISTA	Undeter	Inquiry, mined manner	and in my ap , DATE SIGNE	oinian 5D_2/24/8	3
MEDIC CECUTE 1 AGE 4 SI FER DEA		EXAMINER'S I	NAME	lormez l				DUKESS		St., Ba	alto.,	Md. 2120	1
Bb	(Buri		2/26/83	De	er Park	Cem	etery		inksburg	Carr	oll Md.	ATE
DHMH - 17 (VR A15 ME (5))	24 5	WE TILL	The 25	omas D.	Fletch	er & Sc	n F.	25a. DAT	EB 28	1983	REGISTRAR'S	IGNATURE (

ADEQUATE FOR SELECT AND ADDRESS OF SELECT AND ADDRESS OF SELECT ADDRESS OF Tilb , were' the the grant full trail (Si diet B. O covered)

		FOR STATE REGISTRAR	DEPARTMENT OF HEA	F MARYLAND LTH AND MENTAL HYGI ATE OF DEATH	ENE 8 3	0 4 4	7 0
		CEASED NAME FIRST OR PRINT)	MIDDLE LAST		2a. DATE OF DEATH MONTH	DAY YEAR	2h HOUR
	0.00	LEISTER	HI GREENE		2-4-0		0049
	3. SE.	m	I. RACE S. DATE OF B	DAY YEAR	6 AGE (IN YEARS LAST GIRTHDAY)	MONTHS DATS	HOURS MIN.
35		RTHPLACE (STATE OR FOREIGN)	LE CITIZEN OF WHAT COUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH	
00	10 C	107.8	NAME OF HOSPITAL, NURSING HOME OR C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND C NG LIFE) INDUSTRY	OF BUSINESS OF
200	USU		OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 131. CITY OR TOWN 1136	A BUCKE CITY IN TOO	PETINES	BD.	EDUCAT.
5		M 10	PROLL WEST. Y	ES NO	17 CARROL		/
60	14.17	FIRST	GREENE	MARY	WIDDIE	LDABRIDL	É
1	160 V	AS DECEASED EVER IN U.S. ARM	WARDPATES) 166 SOCIAL SECURITY NO. 17	CORA R. GRE	ADDRESS ENE 13e	21157	
		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT NO	y ocardial A SC V		ı	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION W	none		YES, WERE FINDIN	
2	TIFIC	THE ST OF ENAMON	The CONDITION FOR WHICH OF EXCHION W	VAS PERI ORMED		ERTIFYING CAUSES	OF DEATH?
9		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	IC HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	I LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (1) (this hospite saw the deceased alive on above, (1) (we) (did) (did not)	view the body after death.		, to 2/1(hour and from the	
		22b. SIGNATURE Cay curl 22d. PHYS CIAN'S NAME (TYPE OR	DEGULE WI	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE 2	4/83
1		RAYMOND	F BAyerle	CGH Me	merial Hor	weston	wster M
	230 B	URIAL, CREMATION, REMOVAL Durial	2707	ETERY OR CREMATORY RDANCH	VESTMINSTED	ARROLL	MD STATE
1	24 FU	NERAL DIRECTOR P. H	1. Wasser 1		REC'D. BY REGISTRAR AT RE-		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 1. DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-DEATH MATED ELMER 4. RACE DATE OF BIRTH 6. AGE (IN YEARS 3 SEX IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD 24,1932 Male White June 5 ORS To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA Glyndon Md. Carroll Co. WIDOWED [DIVORCED 19. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS Gen. Carroll Co. Hospt. Westminster J. B. Masonry Co. Forman USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN 2425 Nicodemus Rd. Carroll Westminster YES 🗌 NO [Md 14 FATHER'S NAME MIDDLE FIRST Lillian Sauble Heniztman Christian Sr. 17. INFORMAN Ide, WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO ADDRESS I IF YES, GIVE WAR OR DATES! 12-30-0355Mrs. Yes Morraine Heintzman APPROXIMATE INTERVAL
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TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE ST,
BALTIMORE, MARYLAND, 2 22s. I certify shall I took charge at the remains described above held or Impection and in my opinion Undetermined manner EXAMINER'S NAME TYPE OR PRINT ADDRE THE LOCATION ZIR BURIAL CREMATION, REMOVAL 73b. DATE THE NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Boring 2/16/83 Pleasant Grove Md. BP. 14 FUNERAL DIRECTOR 25s. DATE RECID. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) Eline 20M 4/82

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		FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 4 4 7 2 CERTIFICATE OF DEATH REG. NO.				
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CTOR: A for use of Health		220.1 certify that (1) (this hospital) attended the deceased from 511, 19 & 3, to 2/28, 19 & 3, that (1) (we) la saw the deceased alive an obove (1) (we) (did) (did not) view the bady after death.							
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BP______ DHMH - 16 50M 1/B1 (VRA 15, 4)

PRITTS F.H. WESTRUNSTER, AL

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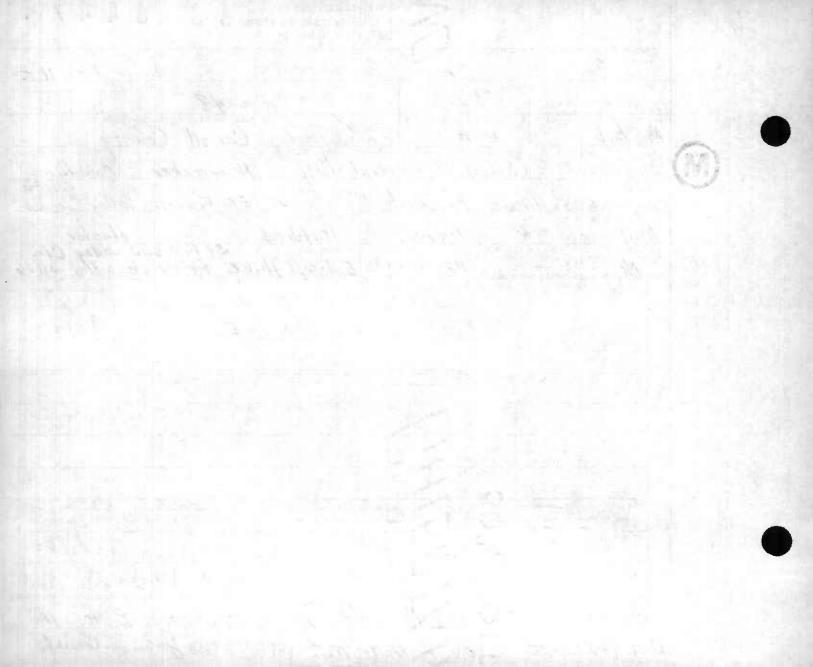
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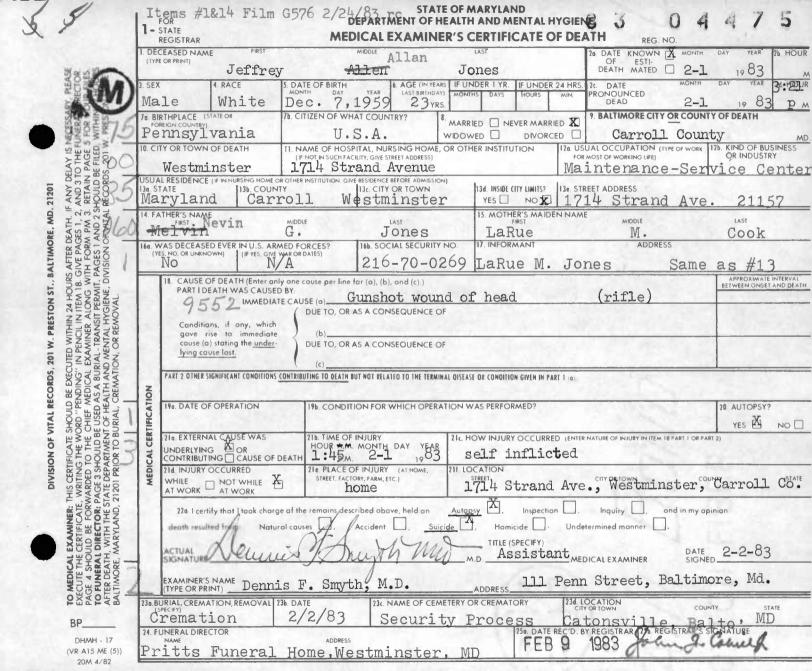
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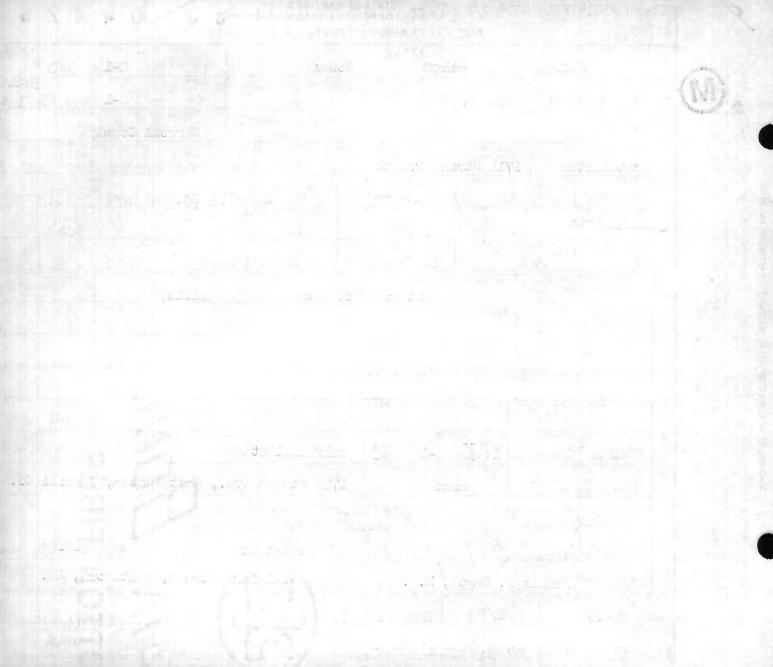
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR - STATE

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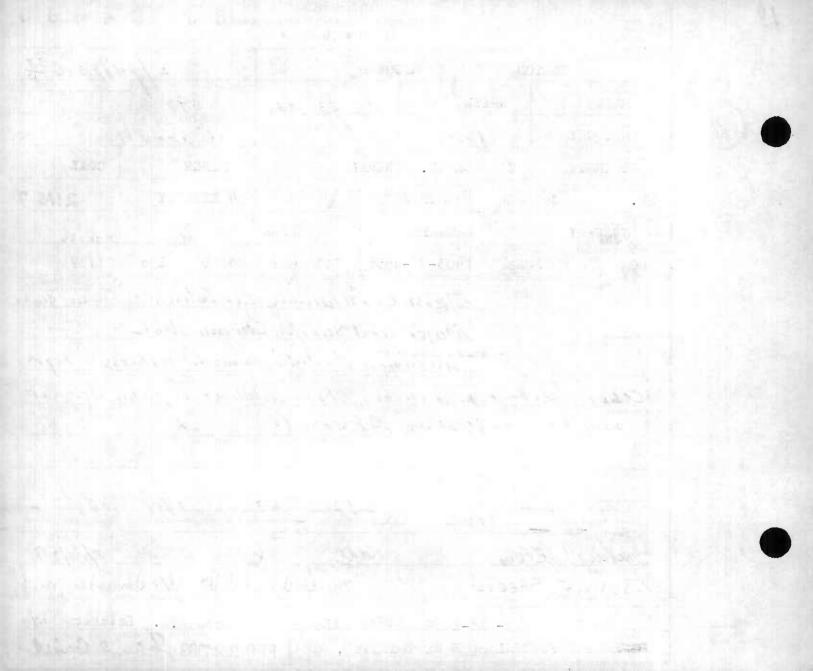
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n ond co	160 \	WAS DECEASED EVER IN U.S. A	ONE OR DATES	166 SOCIAL SECU		17 INFORMANT LULA MA	Y MAG	ADDRESS 13e	2115					
requires that the deoth certificate be a signed by the ottending physicial. Then please remove corbon papers arto burial, cremation, or removal. injury, or other traumatic event, the	CERTIFICATION	PART 2 OTHER SIGNIFICANT	DUE TO, O DUE TO, O (c) CONDITIONS C	MUSSI RASA CONSEQUE MUSSO MUSS	e/	L Surge Subda NOT RELATED TO THE Chrone	t, chi	remic Mal- ma fic a BS DISEASE OR CONDITION OF	inn	AMARIAN DERINATION AND AND AND AND AND AND AND AND AND AN				
isicion. Sicion. Ote hos bee nist permit. Sistons any ygiene prior shows any sitons.		19a. DATE OF OPERATION 2/14/83 21a. ACCIDENT WAS UNDERLYING	196 COND 546	phrenic	OPERATION A	Scess (1) 2 Y	0a AUTOPSY? 20b. IF Y	YES, WERE FINDI TIFYING CAUSES YES	NGS USED S OF DEATH?				
HYSICIAN. TI ading physicia nis certificate buriol-tronsit Mental Hygin or frem 18 sha	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	ATH HOUR A. R) P. 21e. PLACE	M. MONTH DA	19	211 LOCATION	CCORRED							
ATTENDING Possible or atterior of the second of the second of the second of the second or atterior or or	WI	WHILE NOT WHILE AT WORK 220. I certify that (I) (this hosp saw the deceased alive or above.	ottended th	198	3_ on		pinion deoth	to	. 19 6 J	that (I) (we) lost couses stated				
by the hosp by the hosp by the hosp lERAL DIREC or detoched State Dept.		sklur te	eer		ne	ATTENDI PHYSICI	ING MI	EDICAL STAFF RECTOR PHYSICIAN	22c. DATE	SIGNED				
TO HOSPITAL etoined by it TO FUNERAL should be detiwith the State with the State	6	John E.	teers			270 Wush	ingto	nHts, West	minster	ind				
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL			THREE			110011 1100	Letcher	Ky Ky				
DHMH - 16 50M †/81 (VRA †5, 4)	24 F	PRITTS FUN	ERAL HO	ME WEST	(INST		FEB	2 2 1983 Pol	STRAR'S SIGNA	week.				



- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

HAMPSTEAD

REG NO

MONTH

2b HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL

INDUSTRY

YES [

COUNTY

CARROLL

HAMPSTRAD

22c. DATE SIGNED

2-25-83

STATE

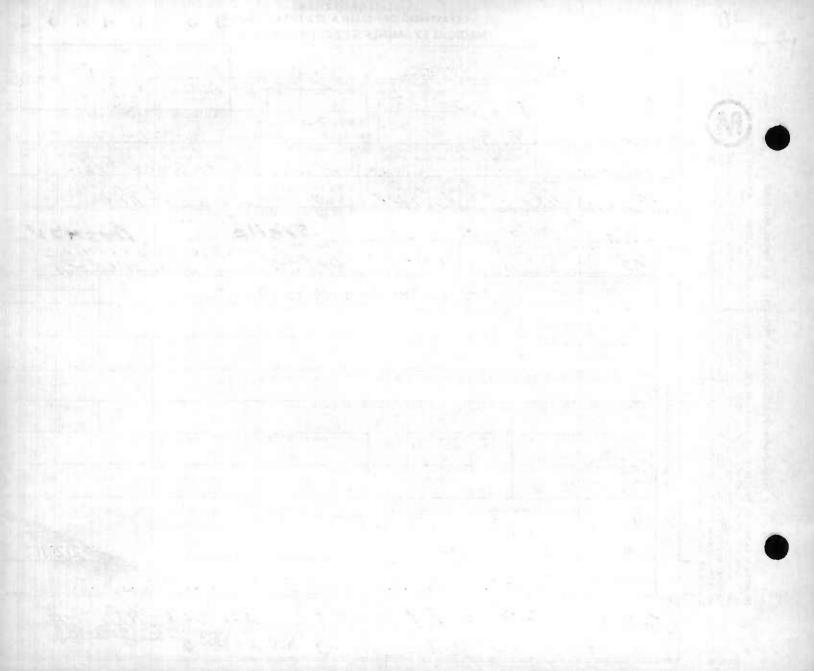
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20 DATE OF DEATH

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- 10	11.	FOR STATE	D	EPARTMENT OF	HEALTH AND MENTA	LHYGIENES	0 4 4 8 2
1-0	10.	REGISTRAR	MED	ICAL EXAMIN	ER'S CERTIFICATE	OF DEATH REG. 1	40
	T. DE	CEASED NAME FIRST		MIDDLE	LAST	2a DATE KNOWN	
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5 五分元子第-	1.00	T. RACE	MONTH DAY	YEAR LAST BIRTHDA	YI MONTHS DAYS HOURS	DER 24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH DAY YEAR HOURS
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_ 188V	70 B	IRTHPLACE (STATE OR	76. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED NEVER MA	9. BALTIMORE CITY	OR COUNTY OF DEATH
A Nail	DA	CHNIZ	115A			ORCED Carroll	County
A SHARE	D. C	ITY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (T	YPE OF WORK TO KIND OF BUSINESS
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₹ EUSHO ~		(IF YES, GIV	WAR OR DATES	190-12-41	/ /	JMICKJE1 216	westitue
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1. W 8. W 1. U	1 1	18 CAUSE OF DEATH (Enter of PART DEATH WAS CAUSI	nly one cause per line for	or (o), (b), ond (c).)			APPROXIMATE INTERVAL BETWEENONSET AND DEATH
A THEORY		MAN TOLATH WAS CAUSE	TE CAUSE (a) Arte	riosclerot	ic cardiovasc	ular disease	
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E ESECTE		Conditions, if any, which					
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WE WELL		lying cause last.	DUE TO, OR A	S A CONSEQUENCE C)F		
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AARENE B		PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIVEN IN	PART 1 (d)	
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9 HE 0 0 P. O	13	CONTRIBUTING CAUSE OF	DEATH P.M.	19			
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2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 5	WHILE NOT WHILE AT WORK		NI, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
STA A ST					[77]		
SE S		220 I certify that I took char	ge of the remains descr	ibed obove, held an	Autopsy X Inspec	tion . Inquiry	and in my apinion
###PES	1	death resulted fram: Nat.	rol couses X,	Accident 🔲 , Sui	ide	Undetermined manner	
DIES WITH		17.	0/		TITLE (SPECIFY)		
3#03E		ACTUAL SIGNATURE	Long	au	Assis	tant MEDICAL EXAMINER	DATE 2/24/83
DICAL TETAL NORE, Y	7	SIGNATORE			/N,D.	MEDICAL EXAMINER	SIGNED L/ LT/ 03
HE SECTION	1	EXAMINER'S NAME	rmez R. Gu	ard M D	ADDRESS 11	1 Penn St., Balt	Md 21201
PAGE AFTE	122 2				THE WEST		Mu. 21201
ACCOOR PWEETER	230.8	URIAL, CREMATION, REMOVAL		23c. NAME OF CEN	ETERY OR CREMATORY	23d LOCATION	COUNTY
999999BP	1	CIKISI	2-27-83	147-01	IVET	NAKOUCK.	10RH 17
DHMH - 17	24 F	UNERALDIRECTOR	ADDRESS .		250 DA	TE REC'D. BY REGISTRAN VIST BEE	SISTRAD'S SIGNATURE
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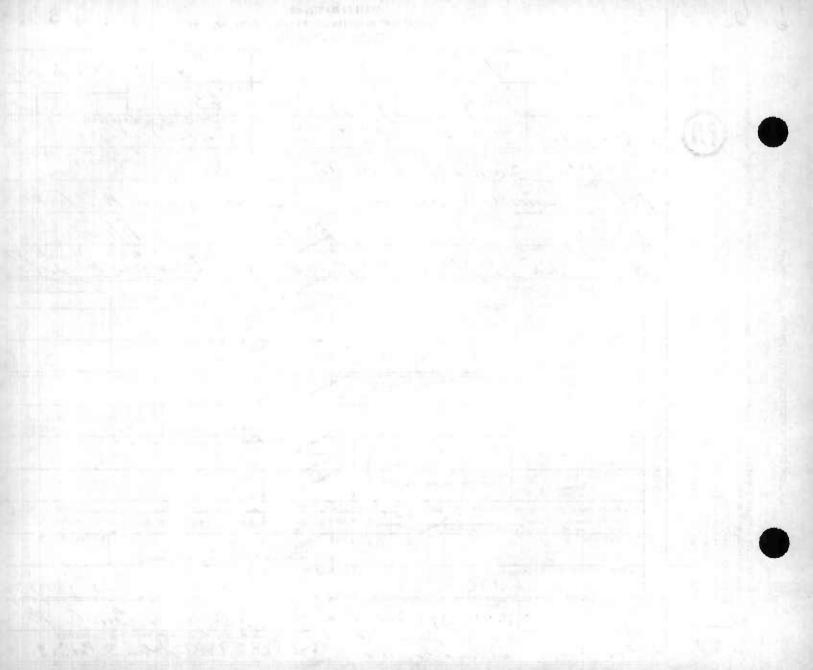


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN ESTI-DEATH MATED SEX 4 RACE IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 21 1912 Male White 70 DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Baltimore U.S.A. WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS County General Hospital Westminster USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 13b. COUNTY 13c. CITY OR TOWN D3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Westminster Maryland Carroll Deer Park Rd. NOT 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Anton Miller Margaret Krumurt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Westminster, Md. 21157 (YES, NO, OR UNKNOWN) M. Miller 1409 Deer Park Rd. WW Yes 18 CAUSE OF DEATH (Enter only one cause in AND MENTAL HYGIENE MATION, OR REMOVAL PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON IMMEDIATE CAUSE (a AS A CONSEQUENCE OF SAL EXAMINER AL BURIAL-TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (G) USED AS A B ARDED TO THE CHIEF M AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA 11201 PRIOR TO BURIAL, C 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY TIL HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFTER DEATH WITH THE ST.
BALTIMORE MARYLAND 2 22a. Learthy Mar Ltook charge of the nins described above. Autony and in my apinion death resulted from DATE SIGNED 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE (SPECSFY) Burial COUNTY STATE 2/15/83 Baltimore New Cathedral Cemetery City BP Thomas De Eletcher & Son F.H. **DHMH - 17** (VR A15 ME (5)

20M 4/82

TO BE A STATE OF THE PROPERTY OF THE PARTY O determine the second of the se the stand would get it will be the standard to the team business it.

36	STATE OF MARYLAND FOR STATE STATE CERTIFICATE OF DEATH REG. NO. STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 4 4 8 REG. NO.	4
noy be poge 3	CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUSE FOR PRINTING NAME OF 19-1983 12:3	JR 3/M
Poge 4 mon	Male Start de Start of Birth Say 1948 63 YRS FUNDER 14EAR 16 UNDER 14EAR 16 HOURS	MIN
(M) deoth b	IRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? & MARRIED WINDOWS OF MARRIED WINDOWS OF DEATH WINDOW	MD.
1000	17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. MANE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF YORK FOR MOST OF WORKING LIFE)	ESS OR
filled in hould be	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 131 COUNTY 132 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Private R	15.7
ompletely 1 and 2 sh	ATHER'S NAME MIDDLE NINET RAST IS MOTHER'S MAIDEN NAME Rhoda MIDDLE Bloom LAST	
Pages 1	NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 300 DORES VIAL 1'S BIVATA VES, NO OR UNKNOWN) (IF YES, GIVEN AR DEBATES) NES 12 - 6087 Mary A. Niner Westinston Ad. 2115	RJ.
ed by the ottending physici lease remove corbonpopes ia), crematian, or remaval or other traumatic event, th	APPROXIMATE INTER PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (b), stating the underlying couse lost. (c) APPROXIMATE INTER BETWEEN ONSET AND APPROXIMATE INTER BETWEEN ONSET AND APPROXIMATE INTER BETWEEN ONSET AND DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	DEATH
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onsit permit. The Hygiene prior to B shows ony injur	190. DATE OF OPERATION / 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USES OF DEAT YES NO YES NO	TH?
priol-tr entol frem	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER) 216. TIME OF INJURY AONTH DAY YEAR P.M. 19 216. TIME OF INJURY 1216. TOWN INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TOWN INJURY OCCURRED 216. PLACE OF INJURY 211. LOCATION	
h and M		TATE
CTOR: Afte	22a. I certify that (I) (this hospital) attended the deceased from 1, 12 , 19 , 10 , 10 , 19 , that (I) (a sow the deceased alive of 1, 19 , 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes state above, (I) (we) (dj.d) (did.hol) view the body after death.	
AL DIRE	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	
should be der with the State IMPORTANT:	22d PHYSICIAN'S NAME (TYPE OR PRINTY) S. D. AUTLA 22e. ADDRESS S400 OLD COURT RD RANDALLS TOWN MD2	.1133
F ₩ 3 ≧	BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 234. LOCATION BY OR TOWN OF COUNTY	M/.
6 50M 1/76 15 (4))	UNERAL DIRECTOR LEVEL F. 4. DESTMINSTON M. N.S. PEB 1 7 1983 John & Chief	,



16	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physician.

pege 3

	1	FOR STATE REGISTRAR		DEPARTA	CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0 4	8 5		
		CEASED NAME FIRST E OR PRINT) Thoma		Patrick	0	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR					
27	3 SEX		4 RACE	. au Ioa	5. DATE C	Brien OF BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) FUNDER TYE	AR IF UNDER 24 HRS		
11		Male	White	е	Nov.	3°, 1895	87	YRS.	TS HOURS MIN.		
1)	Ir	IRTHPLACE (STATE OR FOREIGN COUNTRY) eland	U.S.A		WIDOWE		9 BALTIMORE CITY OF Carro.		MD.		
100	W	estminster	carroll	HOSPITAL, NURSIN HACILITY, GIVE STREET,	ON 126 KINI WORKING LIFE! INDUSTI						
26	13a. Ma:	ryland Carr	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13. CITY OR TOWN Westmin	N .	13d. INSIDE CITY LIMITS? YES NO	1605 Valle	y Drive	21157		
Camina (14 F/	ATHER'S NAME Peter	MIDDLE	Brien	5/8	15. MOTHER'S MAIDEN NA/	MIDDLE		LAST Med		
medicol		WAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (15 YES GI	MED FORCES? (E WAR OR DATES)	188-07-		17 INFORMANT A Mrs. Lottie		1606 Valle			
s ony injury, or other troumotic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM		CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
8 show	ERTI	71a. ACCIDENT WAS UNDERLYING	7 21b. TIME C	F INJURY		21c HOW INJURY OCCURR	YES NO S	YES	NO 🗆		
em 18		OR CONTRIBUTING CAUSE OF DE	410	M. MONTH DA	Y YEAR		(EALEN LATIONE OF MAJOR)	IN TEM TO PART OR PART			
morked or II	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE		
MPORTANT: If Item 21 is mo		220 I certify that (I) (this hospital) attended the deceased from 1983, to 1983, that (I) (we) lost sow the deceased alive on obove, (I) (we) (did) to both view the body attended the deceased from 1983, and that in (my) (our) opinion death occurred on the date and haur and from the couses stated obove, (I) (we) (did) to both view the body attended the deceased from 1983, and that in (my) (our) opinion death occurred on the date and haur and from the couses stated obove, (I) (we) (did) to both view the body attended the deceased from 1983, that (I) (we) lost so that the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attended to the couses stated obove, (I) (we) (did) to both view the body attend									
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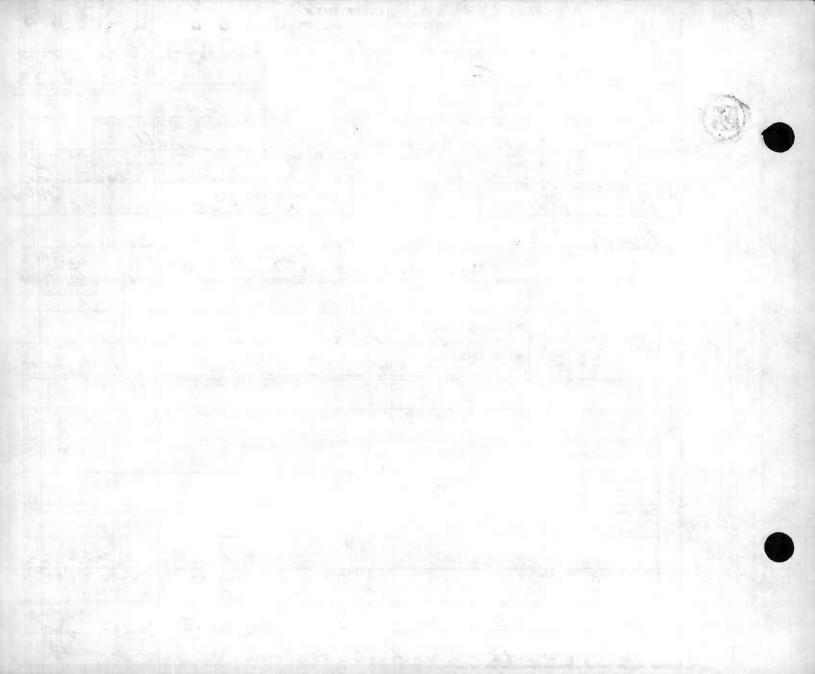
DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely tilled in by should be detached for use as the busial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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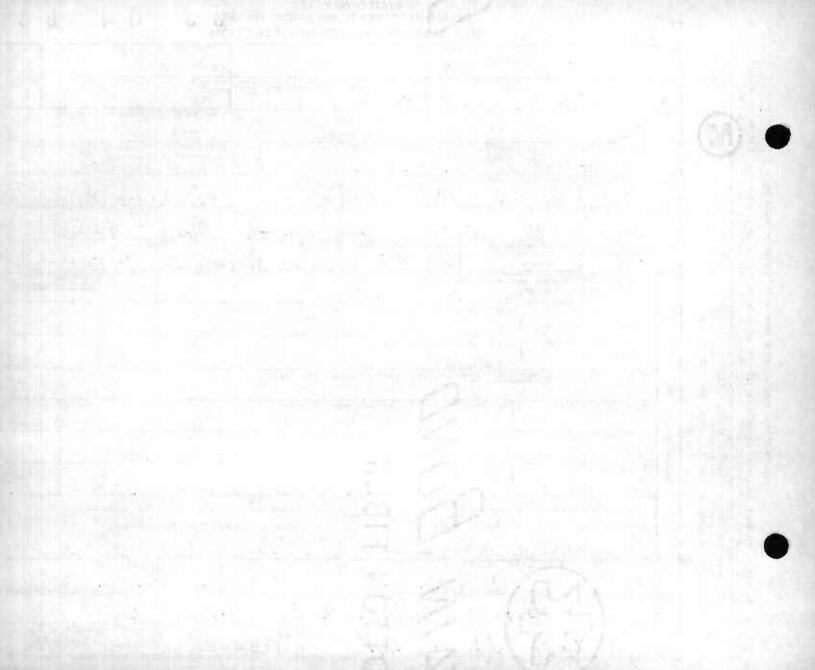
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	3. SE>	4.1	RACE	5. DATE OF BIRTH	Anthony 16. AGE (IN YE)	ARS IF UNDER			2c. DAT		MONT		19 00 YEAR	2d HOUR
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1		Pennsylv.		U.S.		WIDOWED	O DN	ORCED		rroll				JM.
-)	ty or town of Taney town		(IF NOT IN SUCH FA	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS) Crouse Mill		NSTITUTION	FOR	MOST OF WO	UPATION (DRKING LIFE)	TYPE OF WO	OF	ND OF BURTI	
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1		aryland		arroll	Taneytow				20 Cr	ouse	Mill	Road		
	14. FA	Michael		Anthony	Powell	15.	MOTHER'S A	AAIDEN NAM	E	MIDDLE			LAST	
1	16e. V	VAS DECEASED E	VER IN U.S. A		166 SOCIAL SECURIT	Y NO. 17.	INFORMANT			7600	SPro	use M	gell	2003
ı		es, no, or unknown No	(IF YES, GI	VE WAR OR DATES)	None	M-	cheal	A. Pov	rell.			n. MD		
			EATH (Enter	only one couse per line		274.	LUMBI	A. 101	TCIL	1 alle	y oow!	AF	PPROXIMATE	INTERVAL
		PARTIDEAT	H WAS CAUS	ED DIA	cute Bronch	opneum	onia	-				BETV	WEEN ONSET	AND DEATH
	5	485	OMMEDI	MIE CHOSE (0)	AS A CONSEQUENCE									
			if any, whit									314		
	100	cause (a) sta	ating the unde		AS A CONSEQUENCE	OF				1117	Tey.			CONT
	-	lying cause I	057.	(c)									Wil.	
		PART 2 DINER SIGNIF	ICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	IINAL DISEASE DR	CONDITION GIVEN	IN PART 1 (a)			The state of			
	CERTIFICATION													
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I		UNDERLYING CONTRIBUTING			M. MONTH DAY YEAR		IINJUKY OCC	URRED (ENTER	NATURE OF	MJUKT IN (1EM	18 PART I O	K PART 2)		
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		ACTUAL /	We	uns /	1 Xmin	Min	Assist	ant			DA	TE 2	-6-83	3
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4		EXAMINER'S NA (TYPE OR PRINT)	ME D	ennis F. S	myth, M.D.	ADD	ORESS	III Per	nn St	reet			13	
ĺ	23a.B	URIAL, CREMATIC	N, REMOVAL		23t. NAME OF CE				OCATION			OUNTY	57	ATE
		Burial			83 New St.)
	24 F	UNERAL DIRECTO	R		E. Baltimo		25a. D	EB 1				S SIGNAT		
	0	let 7 an Par	Forma	Uomo Tom	art awn MD	27727		LU I	1300	1	- way	THE LAND	WILL S	

20M 4/82

AZnay v mnov 1070 Groune Mill Boar Mickel A. Forell Jungstoon, 1D 21740 Fau. 5, 1913 flow Th. Jonacha Congrassy Confederation, Predected, 135 %. Polymore Tone Teneration, 10 21787

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH 75 HOUR (TYPE OR PRINT) ESTI-KATHLEEN ROTTMAN 19 83 DEATH MATED 26 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 19 83 DEAD a 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Carroll County O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12e USUAL OCCUPATION ITYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Westminster (DOA) Carroll Co. Gen. Hosp. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 21157 13a STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS S AFIL GIVE PAL. WITH FORM PIL GES I AND 2. NOFWIAL RY 14. FATHER'S NAME MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT DIVISION (IF YES, GIVE WAR OR DATES) 725 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries OR REMOVAL IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED / 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL. YES X NO [3 SHOULD BE DEPARTMENT 21g EXTERNAL CAUSE WAS 71h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 21201 PRIOR CONTRIBUTING CAUSE OF DEATH 1:46 RM 2-26-Passenger in auto/fixed object 1983 impact 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED FORWARDED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) FUNERAL DIRECTOR: PAGE TER DEATH, WITH THE STATE ITIMORE, MARYLAND, 21201 Bauersocks Md. road Carrol Autopsy X 220 I certify that I taak charge of the remains described above, held on Inspection Inquiry and in my apinian **BE** death resulted from Accident Suicide Natural causes Hamicide Undetermined manner SHOULD TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 2-26-83 SIGNATURE EXAMINER'S NAM Ann M. Dixon. 111 Penn St., Balto., Md. 21201 M.D (TYPE OR PRINT) ADDRESS 0 CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATO BP 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAT 250 PEGISTRAR'S **DHMH - 17** (VR A15 ME (5)

20M 4/B2



6111 Windsor Mill Rd

STATE OF MARYLAND

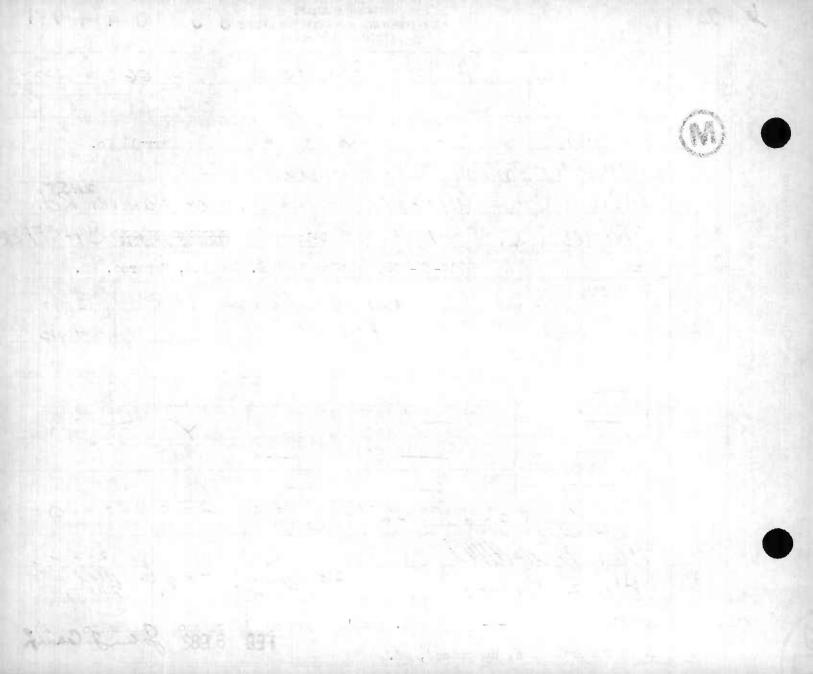
FOR

DIVISION OF VITAL

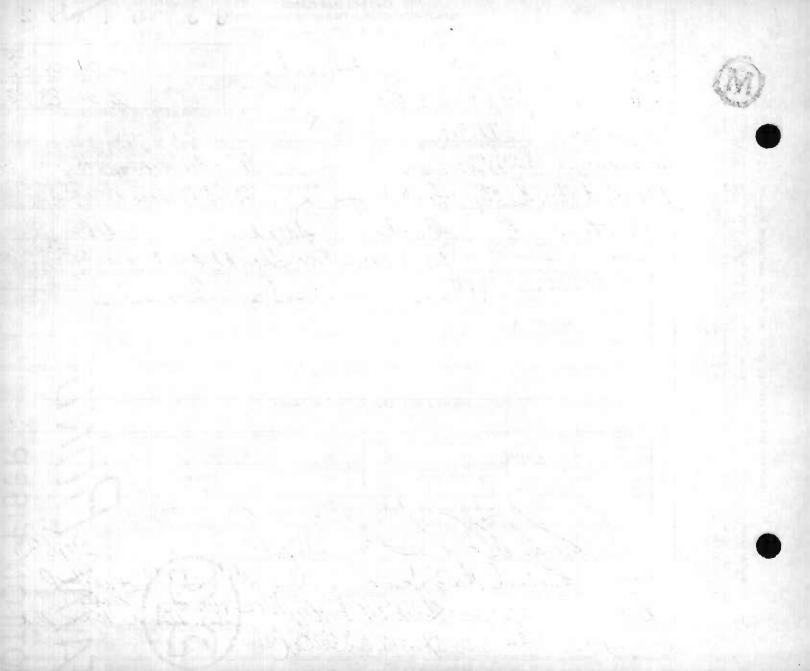
(VRA 15, 4)

and the same of the business of the Stimulation of the (B) Districted to the last of TERRICAL Z/10/63 LOAD SET C OF 1 L CARON 1115, S.12 FOR CO.

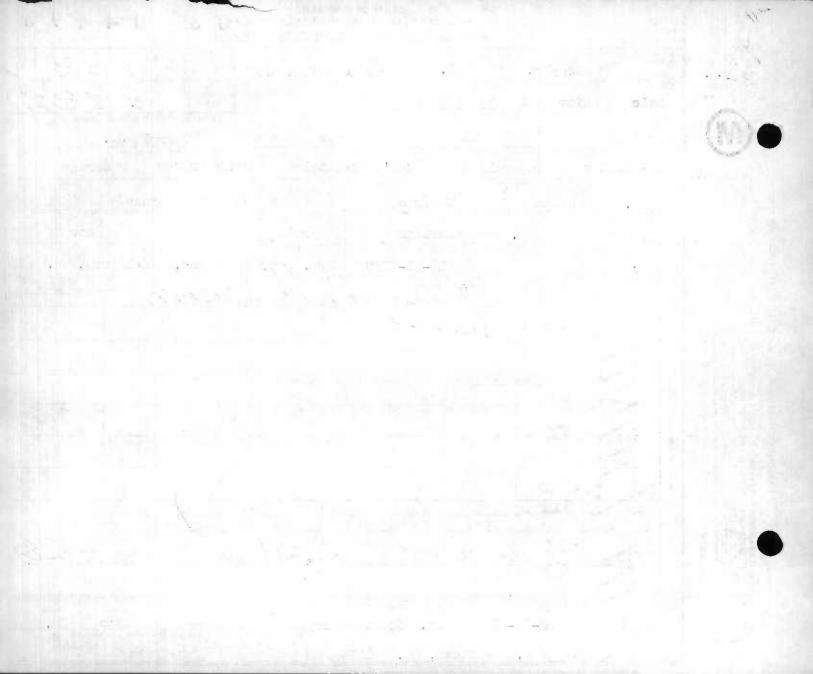
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	1			STATE OF MARYLAND		0 4 4 0 0
	1-	FOR STATE REGISTRAR		OF HEALTH AND MENTA MINER'S CERTIFICATE	CEDEATH	04472
		CEASED NAME PE OR PRINT)	MIDDLE	7 1	REG 20. DATE KNOWN OF ESTI-	NO.
SEET.	3 SE	Hory	ATÉ OF BIRTH 6. AG	Thank IF UNDER) YR. IF UNI	DEATH MATED	□ 2 21 1983 MAIN DAY YEAR
	m	ale White to	147 1888 G	BIRTHDAY) MONTHS DAYS HOURS		2 21 ,83 9
21	70.8	IRTHPLACE (STATE OR 7b. C	TIMEN OF WHAT COUNTRY?	8. MARRIED NEVER MA	ARRIED U	TY OR COUNTY OF DEATH
<u>_</u>	10.5	ILY OR TOWN OF DEATH II. N	NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	WELLOW 126 KIND OF BUSINESS OR INDUSTRY
X	12	noshuly I	OF Saracility, GIVE STREET AD	Dreal	Steetlas My	town & Charact
36	Uay?	TALLIAM PRODUCTION	er institution, give residence before	ADMISSION) WAT 13d INSIDECITY LIMITY YES NO	130 STREET ADDRESS	in Men 21048
AL CREMATION, OR REMOVAL.	14. F	ATHERS NAME MID	D I LAST	15. MOTHER'S MA		101451
7	16a. \	WAS DECEASED EVER IN U.S. ARMED F	ORCES? 166 SOCIAL SE	CURITY NO. 17 IMPORMANT	ADDR	ESS PROPERLY.
1		ES. NO, OR UNKNOWN) (IF YES, GIVE WAR O	578-10	-8432 Falas	kank 20186	ration De Theology
		 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY: 	1011	/ / // /	2-charles	# BETWEEN CHIEF AND DEATH
OVAL	13	4292 IMMEDIATE CA	DUE TO, OR AS A CONSEQUE	ENCE OF	COLOS COLO DE	eero
KEW		Conditions, if any, which gave rise to immediate	(b)			
5 z		couse (a) stating the <u>under-</u> lying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF		
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI	(C)	HE TERMINAL DISEASE OR CONDITION GIVEN II	N PART I I a	
_	CERTIFICATION	19s. DATE OF OPERATION	1186 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		26. AUTOP5Y?
į	1					YE5 □ NO 🖈
0.3.0		114 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR 214. HOW INJURY OCCUR	RED JEHTER HATURE OF PLANT IN SEM	LIE MART LOS PART 2)
I AUA I	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE	THE PLACE OF INJURY (AT NO STREET, FACTORY, FARM, ETC.)		CITY OF TOWN	COUNTY STATE
3		AT WORK AT WORK	1	part of the same o		The state of the s
		death restited from: National cos	N/O I	Suicide Suicide Inspec	Undetermined manner	and in my apinion
MARYLAND,		ACTUAL Jacks	112/_	TITLY PECIFY	1	DATE 2/1/2/85
BALTIMORE, M	5	SIGNATURE	of Jane	M.D. CREEK	MEDICAL EXAMINER	SIGNED
4	1	TYPE OR PRINT	Warre Von	and ADDRESS GO	voll County	seatrol Harp
	23a. B	DULLA 31	27/83 Hask	Let emplete	1 Storen 19	STATE MALE
	72	UNERAL DIRECTOR	J ADDRESS N			EGISTRAR'S SIGNATURE
5))	1	eyer runes	1 6140 0/1000	in all the last	MAR 2 1983 /	0.1



- 5	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENTS MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	4 4 9 3
I. DEC	CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN AM	ONTH DAY YEAR 26. HO
3. SEX		5. DATE OF BIRTH MONTH DAY VEAR 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 12. DATE MC	Z /2 1983
BIR	Male White	4 11 1915 67 YRS. DEAD 2	OUNTY OF DEATH
Ma	REIGN COUNTRY) aryland	USA WIDOWED & DIVORCED Carroll	Co.
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVES FREET ADDRESS) Carroll County Gen 1 Hospital Truck Driver	OR INDUSTRY Garage
USUA De ST	FATE UK COUN Balt		e 211.5
	THER'S NAME Charles	E. Sheridan is Mother's Maiden NAME MEDIA E.	Bear
Tão, W	AS DECEASED EVER IN U.S. AR/ S. NO, OR (PARNOWN) (# YES, DIVE TO	was of Darress was of Darress ADDRESS Was of Darress ADDRESS Was of Darress ADDRESS ADDRESS Was of Darress ADDRESS	leburg, Va.
		DUE TO OF AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
₹ V	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		YES NO
MEDI	21d INJURY OCCURRED WHILE NOT WHILE T	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY CITY OR TOWN	COUNTY STAT
	22a. I pertify that I took charg	Accident , Suicide , Hamicide Undetermined monner ,	My opinion DATE 12 FILB
	(TYPE OR PRINT)	Appende	
23a.8iJ	(TYPE OR PRINT) JRIAL CREMATION, REMOVAL 2 PECETY	V CITY ON TOWN	county state



STATE OF MARYLAND

HERD HERRINGS WHITE

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. St. . 1987 Ever reen Ed. Cardons Picks of Correll, N. .

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Md. Balto. Owings Hill- 20 Iredbury Roge City

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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 4 9 1

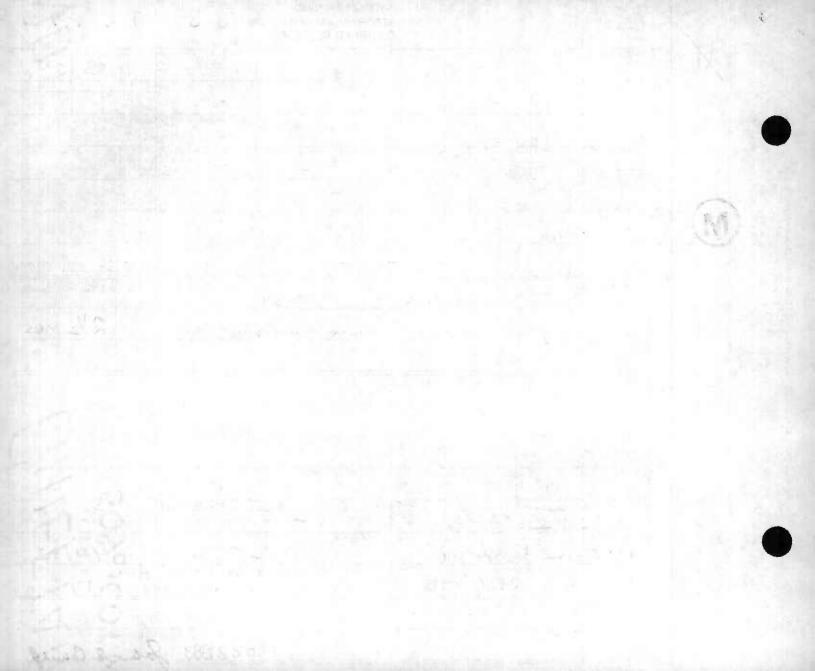
CERTIFICATE OF DEATH

REG. NO.

	- STATE REGISTRAR				CERTIF	ICATE OF	DEATH	REC	. NO.			
	ECEASED NAME PE OR PRINT!	FIRST		MIDDLE	(LAST		20. DATE OF DEAT	H MONTH		YEAR	26 HOUR
		Willia	m F r	anklin	Spi	ttle			2	21 8	33	535 PM
3. SE	EX	4	RACE		5. DATE C		YEAR	6 AGE IN YEARS LA	T BIRTHDAY)	IF UNDER	RIYEAR	IF UNDER 24 HRS
	ale		Whit	e	Oct		1898	84	YE	S	DATS	HOURS MIN,
7o. 8	COUNTRY)	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	DE NEVER	MARRIED T	9 BALTIMORE CIT	Y OR COU	NTY OF DE	ATH	1911
	Maryland	- 11	U.S.A		WIDOWE		NORCED	Carroll	Count	tu		MD
10 0	ITY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL OCCU	PATION	12b		F BUSINESS OR
) W	estminster			County		al Hosi	oital	Machinis			ustry apei	r Box
USU 13a	IAL RESIDENCE (IF NUR		THER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)			13e. STREET ADDRE				
M	aruland.	Carr		Sukesv	17.7.0	13d. INSIDE	NO De	6502 Wh		at Ro	nad.	21784
	ATHER'S NAME				LUCE		S MAIDEN NA		LLE IIC	TEK IIC	au	61104
10	Grif		Spit	+10		1127	FIRST	Dohana	E 7	Doiton	LAST	
	WAS DECEASED EVER	N U.S. ARM	ED FORCES?	166 SOCIAL SECU	JRITY NO.	17_INFORM		e Rebecc Hazel Spt		Reiter	•	
((YES, NO OR UNKNOWN)	JIF YES, GIVE	WAR OR DATES)	215-05-4	1379			ock Road		22277	MI	21784
	No					10002	VILLE III	oek noau	Dykes			
	PART I. DE ATH V	VAS CAUSED	RY.				00			88	ETWEENO	NATE INTERVAL
	11-1	IMMEDIATE	CAUSE (a)	ESTICA	(UC)	~	REST				```	
	7 360 DUE TO, OR AS A CONSEQUENCE OF							1	2/2	- MOS		
	Canditions, if any, which gave rise to immediate							C	× / Z	-1103.		
	underlying cause		DUE TO, OF	R AS A CONSEQUE	ENCE OF							
			(c)									
z	PART 2 OTHER SIG	NIFICANT CO	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATE	TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN P	ART Ito	
CERTIFICATION	14 0 475 05 0 0 0 0 0 0 0	TION	Line Consoli									
FIG.	19a DATE OF OPERA	IION	196 CONDI	TION FOR WHICH	OPERATIO	OPERATION WAS PERFORMED 200 AUTOPSY? 20			20b. IF IN CE	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?		
- 2								YES NO[YES 🗌		NO 🗌
	21a. ACCIDENT WAS UN OR CONTRIBUTING		216. TIME OF	FINJURY M. MONTH DA	AY YEAR	21c HOW I	AJURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR F	PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDI	ICAL EXAMINER)	P.A	м	19							
AED AED	21d, INJURY OCCUR		21e. PLACE C	OF INJURY	APM FTC)	211_LOCATI		CITYO	RTOWN	cou	JNTY	STATE
<	AT WORK NOT WE	HILE		cer, meroni, orrice, i	Anticicy							
- 7	22a.l certify that (1)					7,	_, 19_\$ 3	L to FEB.	21.	19.80	31	hat (I) (we) fost
	saw the deceas	ed alive an_	view the body	20 19 2	3 , or	nd that in (my	(our) opinion o	death occurred on th	e date and	hour and fro	am the c	ouses stated
13	226. SIGNATUJE	ara) (one-rail)	O .	uner deam.		DEGREE				220	DATE S	IGNED
	hoth.	ndt	Luly	gne)		149.0	ATTENDING PHYSICIANI F	DIRECTOR PH	TAFF	2	121	183
1	22d. PHYSICIAN'S N.	AME ITYPE OF F	PRINT)	1.0			SS24-B			3, 70	,	, , ,
	ARTHUR	21	RUND	MN		1					77	
220	BURIAL, CREMATION,	DEMOVA:	23b. DATE	122.	LAME OF S	EMETERY OR		123d LOCATION	حرمي	211	9/	
730	Burial	REMOVAL	2-24-8					Baltimo.	no Co	L21 COUNT	Mars	17 millie
		0.000					emetery					
100	UNERAL DIRECTOR [oring	Byers F	uneral D	rect	ors, 11	C. ZSO DATE	D O 4000	AK 25b. REC		-	
8	728 Libert	у коаа	nariaa	illstown,	MD.	21133	FE	B 2 2 1983	No	hu	2.6	mild

DHMH - 16 50M 1/81 (VRA 15, 4)

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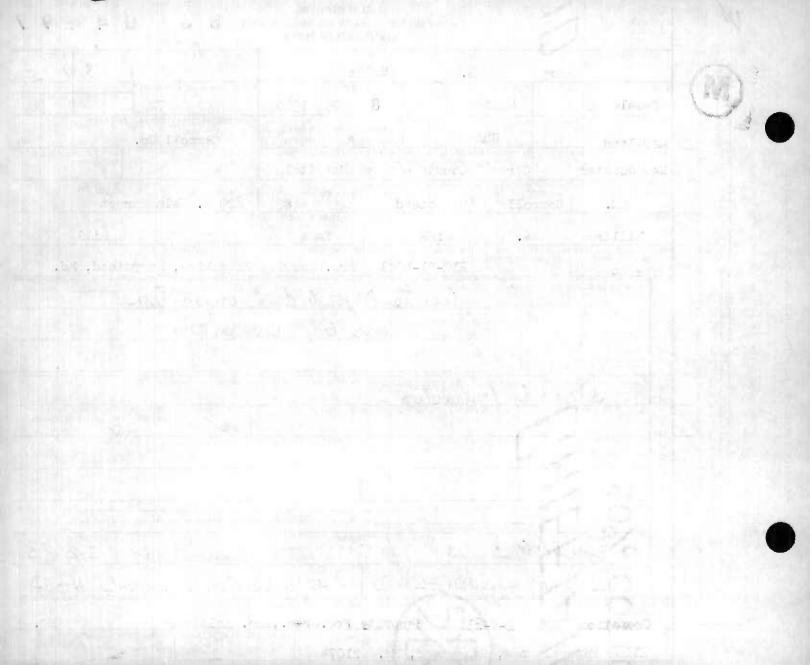
O C I A TO LE COMPANIE DE LA COMPANI AND THE RESERVE AND THE PARTY OF THE PARTY O district the size of the size of Carroll Contag. . cutil Improd grand Courty Committee Mail and a second story Tollings Ment Lot In --- Cl-925 William F. Woll, Cwings Wille, Mc. Willed Pariet - - 16-1965 J. de Elev fan. max . Minnelle, Caroll, Mr. A STATE OF THE STA

Eline Funeral Home, Hampstead, Md.

FOR

(VRA 15, 4)

STATE OF MARYLAND



1 1.	STATE REGISTRAR	DEPARI	CERTIFICATE OF DEATH	REG. NO.	0 4 4 9 0
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONT	- A
e e e e e e e e e e e e e e e e e e e		WILLIAM	WENTZ	6. AGE (IN YEARS LAST BIRTHDAY)	3 1983 8: 60 M
a. set	MALE	CAUCASIAN	5. DATE OF BIRTH MONTH 5 25 1913	69	MONTHS DAYS HOURS MIN
	(STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	PALTIMORE CITY OR CO	1 (c)
10 CI	ANCHESTOR MD	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	WIDOWED DIVORCED DIVORCED ADDRESS	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WOR	126. KIND OF BUSINESS OR
old be in 13e's	AL RESIDENCE (IF NURSING HOME OR STATE 13b 20UN	TY . I 13c. CITY OR TOV		13e. STREET ABORES OF	A MANCHESTER MI
d 2 sho	ATHER'S NAME	AIDDLE LAST	15 MOTHER'S MAIDEN NA		1.45
500	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	VIRGIE VIRGIE	ADDRESS	WAGNER
		war or dates) 189-07	-0578 Pauline M	WENTZ 471	NO HANOVERPIKE NCHESTER MD.
mayal.	PART I. DE ATH WAS CAUSEI	ly one couse per line for (0), (b), or DBY. E CAUSE (0)	SRO-VASCULAR	ACCIDENT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a) or ce	4292	DUE TO OR AS A CONSEQU	ENCE OF CAR	10- UASCULAR	NISCASE
emotioner from	Conditions, if ony, which gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQU		DIO - VIJSCACAITA	D()C()25
al, cre	underlying couse lost.	(c)	ENGE OF		
to buri	PART 2. OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART I(0)
dygrene prior to the dygrene prior to the shows any injury to the transfer of	194 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110100 4 14 14001711 -	AY YEAR 19	RED (ENTER NATURE OF INJURY IN 11	EM 18, PART I OR PART 2
ked or Item	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOWN	COUNTY STATE
dealth s mar		ol) attended the deceased from	1746 30 1982	10-26.82	, 19, that (I) (we) last
IRECTO hed for ept. of h tem 21	sow the deceased alive an above, (1) (we) (did) (did no	10 26 8 2 19		death occurred on the date of	nd hour and from the causes stated
eroche nte Dep	226. SIGNATURE	jours	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/5/83
should be deto with the State	220 PHYSICIAN'S NAME (TYPE OF		22e ADDRESS		NCHESTER MD.211
Note of the state	BURIAL, CREMATION, REMOVAL	, , , ,	13125 MAIN	123d LOCATION	10(112) EK 1910.211
. ((SPECIFY) BURIAL	2/8/83 5	T. PAVIPS CENT	GITY OF TOWN	WHEIMTUP PA
50M 7/77	UNERAL DIRECTOR	July in pooresst	- 125e DA	E REC'D. BY REGISTRAR 256. F	DECISTRADIS SIGNIATURE

STATE OF MARYLAND

WELLSON STATE OF THE STATE OF T ALSO THE RESIDENCE TO THE PROPERTY OF THE PROP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR					11 4	3 63 9 9					
	1 - STATE REGISTRAR	D		ICATE OF DEATH	GIENE O REG. N	10.						
	I DECEASED NAME FIRST	WIDDLE	ſ	AST	2a. DATE OF DEATH	MONIH DAY	YEAR 26 HOUR					
	Lee	ROSS	Wildstei	in		02-23-83	9:00 A					
	3 SEX	4. RACE	5. DATE C	DF BIRTHO8 1906	6 AGE (IN YEARS LAST BIE	RTHDAY) IF UND	DER TYEAR IF UNDER 24 HRS					
	Female	White	10-	-NAHOA	泵 76	YRS	DAYS HOURS MIN.					
in.	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OS WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	EATH					
1	Austria	Naturalized			Carroll	County	M					
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		OR OTHER INSTITUTION	120 USUAL OCCUPAT		KIND OF BUSINESS OR					
3	Sykesville /	Springfield	Hospital	l Center	Housewife	Dr WORKING (IFE)	AT HOME					
10	MSUAL RESIDENCE LIF NURSING TOME OF		OR TOWN	1 13d. INSIDE CITY LIMITS?	13e_SIREET ADDRESS	2411 LIC	SHTFOOT DR.					
			timore	YES NOXXX	6xxxxxxxxxx	arrivativati	#21209					
	14 FATHER'S NAME	WIDDLE	LASI	15. MOTHER'S MAIDEN NA	AME MIDDLE							
1	Julius	Weinst	tock	Jennie	WIDDLE]	TXXXXX UNK.					
	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCI	IAL SECURITY NO.		LDSTEIN ADDR							
1	No	214-	-38-6922	Records		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
	18. CAUSE OF DEATH (Enter o	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)										
	PART I. DEATH WAS CAUSI		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
	1534	153 # IMMEDIATE CAUSE (o) Carcinoms of the cocum with widespread 19 months DUE TO. OR AS A CONSEQUENCE OF										
	Canditions, if any, which	7.1	eara									
	gove rise to immediate cause (a), stating the											
	underlying cause last.											
	PART 2 OTHER SIGNIFICANT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a										
	Bipolar disord	Bipolar disorder, mixed, with psychotic features.										
	S 190 DÂTE OF OPERATION	196 CONDITION FOR	CONDITION FOR WHICH OPERATION WAS PERFORMED				E FINDINGS USED CAUSES OF DEATH?					
1	HIT .				YES NO	YES [NO [
	00.000.000.000.00	RY IN ITEM 18 PART I OF	PART 2)									
	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		ITH DAY YEAR									
	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR TO	WN CC	DUNTY STATE					
1	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTOR)	OFFICE, FARM, ETC.)		CITY ON TOWN							
		220. I certify that (1) (this haspital) attended the deceased from February 15, 19 78 to February 23, 1983 that (1) (we) last										
	saw the deceased alive an February 23 19 83 . and that in (my) (aur) apinion death accurred an the date and haur and from the couses stated above, (1) (we) (did) (did not) view the body after death.											
	226 SIGNATURE			DEGREE		2	20 DATE SIGNED					
	Supal	Lesus : so - D -		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN DE	02/23/83					
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	1	22e ADDRESS								
	Suha Ozgun, M	.D.		Springfield	Hosp. Ctr.,	Sykesvil	lle,Md.21781					

23¢ NAME OF CEMETERY OR CREMATORY

BETH TFILOH

DHMH - 16 50M 1/B1 (VRA 15, 4)

FEB.25,1983 BETH TF SOL LEVINSON & BROS. INC. RSTOWN RD. BALTO., MD 21 24 FUNERAL DIRECTOR SOL LEVINSO 6010 REISTERSTOWN RD. 21215

23b. DATE

230 BURIAL, CREMATION, REMOVAL

BURIAL

BALTIMORE

MARYLAND

